

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214521429				
1.) CORPORATION NAME: DUE DATE: 4/30/2014 State Farm VP Management Corp.						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street RICHMOND, VA		SCC ID NO: F1333394 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>20,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	20,000
CLASS	AUTHORIZED					
COMMON	20,000					
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY						
4.) STATE OR COUNTRY OF INCORPORATION: DE						
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: THREE STATE FARM PLAZA N-2 CITY/ST/ZIP: BLOOMINGTON, IL 61791-0001 </div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD B RUST JR PRESIDENT ONE STATE FARM PLAZA BLOOMINGTON, IL 61710	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL SMITH SR VP/DIR ONE STATE FARM PLAZA BLOOMINGTON, IL 61710	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK D MIKEL VP-FIN/S THREE STATE FARM PLAZA BLOOMINGTON, IL 61791	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR				
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL L TIPSORD SVP/T ONE STATE FARM PLAZA BLOOMINGTON, IL 61710	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT HINTZ ASST SECRETARY THREE STATE FARM PLAZA BLOOMINGTON, IL 61791-0001	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR				
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Rand Harbert VICE PRESIDENT One State Farm Plaza Bloomington, IL 61710	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joe Monk VICE PRESIDENT One State Farm Plaza Bloomington, IL 61710	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David M Moore ASST SECRETARY One State Farm Plaza Bloomington, IL 61710	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Terry Ludwig CCO AML Officer Three State Farm Plaza N-2 Bloomington, IL 61791	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David Grizzle ASST SECRETARY Three State Farm Plaza N-2 Bloomington, IL 61791	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dick Paul VICE PRESIDENT One State Farm Plaza Bloomington, IL 61710	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ MARK D MIKEL		MARK D MIKEL, VP-FIN/S		4/24/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					